

# A Medicare beneficiary has 63 days to enroll in a Medigap plan when losing their current coverage.

(See chart on reverse side.)

If you have an employee group health plan or an employer's retiree plan and Medicare, and the plan ends or reduces its benefits significantly, your 63-day window of protection begins the day your coverage stops.

If you have a Medicare+Choice Plan (ex: Medicare HMO) and they end the plan, either totally or in your parish, you may choose to have your 63-day window start the day your coverage ends or when you are officially notified that the plan is ending (official notification will come about 90 days prior to termination), usually at the beginning of October.

If you have a Medicare Select Plan and you move from the service area or they end the plan, your 63-day window begins the day your coverage ends.

During the 63-day window of protection, you are guaranteed to get a Medigap policy; companies cannot turn you down, delay processing the application, charge you more, or put preexisting limits on your policy. If you do not act within 63 days, this guarantee goes away.

**IMPORTANT:** The 63-day window DOES NOT extend your health coverage that is ending. Don't risk having an out-of-pocket expense during the 63-day window. Shop around for a new Medigap policy. Apply for it early enough so you don't have a gap in coverage. Ask that the new policy becomes effective the day your old coverage stops.

## Another Important Right

Your **Medigap open enrollment period** is: the six-month period when first enrolled in Medicare Part B at any age, when you can buy any Medigap policy you want. You cannot be denied coverage or charged more because of your past or present health problems or claims history.

During open enrollment, the insurance company may impose up to a six-month wait on preexisting conditions if you do not have prior health coverage.

Persons on Medicare due to disability, End Stage Renal Disease or Lou Gehrig's Disease will have another Medigap open enrollment period the first six months after they reach age 65.

**NOTE:** If you have health coverage through an employer or union, based on your own or your spouse's current employment, you may wish to delay enrolling in Medicare Part B.

## Medigap Rights & Protections

For **Louisiana** Medicare Beneficiaries



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## Questions Or need assistance?

Call the Louisiana Senior Health Insurance Information Program (SHIIP) at 1-800-259-5301 or locally in Baton Rouge at (225) 342-5301. Website: [www.lds.la.gov](http://www.lds.la.gov)

LOUISIANA DEPARTMENT OF INSURANCE

J. Robert Wooley  
Commissioner of Insurance

# Call the Senior Health Insurance Information Program of the Louisiana Department of Insurance

Our chart explains your guarantees should your present health coverage end.

The Medicare Supplement (Medigap) Guarantee Issue does not apply if an individual’s health care provider (doctor, hospital, etc.) cancels their contract with the plan, and the plan continues to exist. Examples of Medicare+Choice plans are Medicare HMO’s, PPO’s and Private Fee for Service plans.

In Louisiana, these guarantees also apply to those under 65 and on Medicare due to disability, End Stage Renal Disease or Lou Gehrig’s Disease.

# Medigap Protection in Louisiana

## When other Health Insurance Ends or is Lost

You are eligible if:	And:	You are guaranteed the issue of:
1. You have an employee group health plan or retiree health plan and Medicare. The plan ends or the plan reduces benefits significantly.	You continue with Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends.	Medigap Plans A, B, C or F from any company.
2. You are enrolled in a Medicare+Choice Plan and <i>they</i> end the plan either totally or in your parish.	You return to Original Medicare and apply for a Medigap policy within 63 days. You may choose to have your 63-day window start the day your coverage ends <i>or</i> when you are officially notified that the plan is ending (notice will come about 90 days before the plan ends).	Medigap Plans A, B, C or F from any company.
3. You are enrolled in a Medicare+Choice Plan, HMO or Medicare Select, and <i>you</i> move way from the service area.	You return to Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends.	Medigap plans A, B, C or F from any company.
4. You are enrolled in a Medicare HMO or Medicare Select and <i>they</i> end the plan or the service area changes.	You return to Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends.	Medigap Plans A, B, C or F from any company.
5. You have a Medigap policy and cancel it to enroll in a Medicare+Choice plan or Medicare Select. <i>You</i> disenroll within 12 months of first canceling your Medigap. (You may enroll/disenroll in more than one plan within this 12 month period).	You return to Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends. To disenroll from the plan, you must fill out a disenrollment form.	The same Medigap Plan you had previously, if it is still being sold, or Medigap Plans A, B, C or F.
6. You first enroll in Medicare Part B (you must have Part A also) and enroll in a Medicare+Choice Plan. You then disenroll from the plan within the first 12 months and return to Original Medicare.	You return to Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends. To disenroll from the plan, you must fill out a disenrollment form.	Any Medigap Plan A-J offered from any company.



Senior Health Insurance  
Information Program

1-800-259-5301